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**TRANSMITTAL  
FORM**

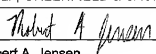
(to be used for all correspondence after initial filing)

<b>Total Number of Pages in This Submission</b>	<b>Application Number</b>	10/791,136-Conf. #3182
	<b>Filing Date</b>	March 2, 2004
	<b>First Named Inventor</b>	Jacky Seller
	<b>Art Unit</b>	2813
	<b>Examiner Name</b>	J. M. Mitchell
	<b>Attorney Docket Number</b>	S1022.81126US00

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm Name</b>	WOLF, GREENFIELD & SACKS, P.C.		
<b>Signature</b>			
<b>Printed name</b>	Robert A. Jensen		
<b>Date</b>	October 27, 2008	<b>Reg. No.</b>	61,146

**Certificate of Electronic Filing Under 37 CFR 1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4).

Dated: October 27, 2008

Signature: Patricia L. Marchetti (Patricia L. Marchetti)

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 4819).

## FEE TRANSMITTAL

### For FY 2009

☐ Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>		(\$)		130.00
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<b>Complete If Known</b>	
Application Number	107791,136-Conf. #3182
Filing Date	March 2, 2004
First Named Inventor	Jacky Seiller
Examiner Name	J. M. Mitchell
Art Unit	2813
Attorney Docket No.	S1022.81126US00

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

### FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES			Small Entity	
Fee Description	Fee (\$)		Fee (\$)	
Each claim over 20 (including Reissues)	52		26	
Each independent claim over 3 (including Reissues)	220		110	
Multiple dependent claims	390		195	

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP	x	=				
HP = Highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP	x	=				
HP = Highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	
- 100 =	/50 =	(round up to a whole number) x	=		

4. OTHER FEE(S)			Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)			
Other (e.g., late filing surcharge): 1251 Extension for response within first month			130.00

**SUBMITTED BY**

Signature: <u>Robert A. Jensen</u>	Registration No. (Attorney/Agent): <u>61,146</u>	Telephone: <u>617.646.8000</u>
Name (Print/Type): <u>Robert A. Jensen</u>	Date: <u>October 27, 2008</u>	

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Dated: October 27, 2008

Signature: Patricia L. Marchetti (Patricia L. Marchetti)